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COUNTRY

USA

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835	Complete If Known				
FEE TRANSMITTAL	Application Number		(unknown)		
Ratent fees are subject to annual revision on October 1.	Filing Date		(herewith)		
Dese are the fees effective November 10, 1998. Small Entity payments must be supported by a small entity statement, The statement of the sta	First Named Inventor		Pinarbasi		
See 37 C.F.R. §§ 1.27 and 1.28	Examiner Name				
			(unknown)		
	Group / Art Unit (unknown)				
TOTAL AMOUNT OF PAYMENT (\$) 750.00	Attorney Docket No.		SJO920000204US2		
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)				
1. x The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number Deposit Account Name International Business Machines Corp. x Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 GFR 1.18 at the Mailing of the Notice of Allowance. 37 CFR 1.311(b) 2. Payment Enclosed: Check Money Order Other FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Fee Code (\$) 105 130 127 50 139 130 147 2,520 112 920* 113 1,840* 115 110 116 410 117 930 118 1,450 128 1,970 119 320 120 320 121 280 138 1,510 140 110 141 1,300 142 1,300 143 470 144 630 126 180 126 180 146 750	AL FEES Small Entity Fee Fee Code (\$) 205 65 227 25 139 130 147 2,520 112 920* 113 1,840* 215 55 216 205 217 465 218 725 218 725 228 985 219 160 220 160 220 160 221 140 138 1,510 240 55 241 650 242 650 243 235 315 300 122 130 126 180 246 375 249 375	Fee Description Surcharge - late filing fe Surcharge - late provisi cover sheet Non-English specification for filing a request for requesting publication examiner action extension for response extension f	ional filing or on reexamination of SIR prior to of SIR after within first month within second month within fourth month within fifth month of an appeal g blic use proceeding bidably abandoned entionally sue) ssioner ion Disclosure Stmt er final rejection	
Claims below Fee Paid Total Claims	Other fee (specify)	Terminal Di	(37 CFR 1.114) nal Disclaimer		
** or number previously paid, if greater; For Reissues, see below Large Entity Small Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim 109 80 209 40 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$)	Other fee (specify) SUBTOTAL (3) (\$) *Reduced by Basic Filing Fee Paid				
SUBMITTED BY	CON	COMPLETE (if applicable)			
Typed or Printed Name Ervin Johnston		Reg.	Number 20,190		
Signature Own of Smits	Date		October 24, 2003		

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